Image# 10931761780 107/297/20/130 15:20

## **FEC FORM 5**

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

(a) Name of Individual, Organization or Corporation	1
Defenders of Willdife Action Fund	
(b) Address (number and street)	
(c) City, State and ZIP Code	
Washington DC 20036	FEC Identification Number
2. Corporate filers only  Is the filer a qualified nonprofit corporation?  X Yes No	<b>C</b> C90007907
Individual filers only Name of Employer	I Occupation
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	Notice
☐ July 15 Quarterly Report	
☐ October Quarterly Report	
☐ January 31 Year-End Report	
(b) Is this Report an amendment? Yes No X	
5. COVERING PERIOD: FROM M,	
THROUGH	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	
6. TOTAL CONTRIBUTIONS	5575.00
7. TOTAL INDEPENDENT EXPENDITURES	80.65
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or	in constitution with, or at the
request or súggestión óf, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulation	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
William Lutz	10/25/2010
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report	to the penalties of 2 U.S.C 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

## SCHEDULE 5-A ITEMIZED RECEIPTS

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Ai or	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions r for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee							
	NAME OF FILER (In Full)							
	Defenders of Willdife Action Fund							
Α.	Full Name (Last, First, Middle Initial)				Date of Receipt			
	Stephen Jaeger Mailing Address				$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	708 Salvatierra St.							
	City	State	Zip Code		Transaction ID: F56.4275			
	Stanford	CA	94305-1020		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			340.00			
	Name of Employer			Occupation				
	Kindred Healthcare Inc			Requested				
В.	Full Name (Last, First, Middle Initial)  Receipts Unitemized				Date of Receipt			
	Mailing Address 1130 17th St NW				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
		Ctata	7:- O-d-		Transaction ID: F56.4277			
	City Washington	State DC	Zip Code 20036					
					Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			3330.00			
	Name of Employer			Occupation				
	N/A			N/A				
C.	Full Name (Last, First, Middle Initial)				Date of Receipt			
	Receipts Unitemized  Mailing Address				M M / D D / Y Y Y Y			
	1130 17th St NW				10 23 2010			
	City	State	Zip Code		Transaction ID: F56.4278			
	Washington	DC	20036		Amount of Each Receipt this Period			
	FEC ID number of contributing	1275.00		1275.00				
	federal political committee.							
	Name of Employer Occupation							
	N/A			N/A				
D.	Full Name (Last, First, Middle Initial)  Receipts Unitemized				Date of Receipt			
	Mailing Address 1130 17th St NW				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
		Otata	7'. 0. 4.		Transaction ID: F56.4279			
	City Washington	State DC	Zip Code 20036					
		DO	20000		Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С			630.00			
				0				
	Name of Employer			Occupation				
	N/A			N/A				
SI	SUBTOTAL of Receipts This Page (optional)							
COST OF THE PROPERTY OF THE PR				F575.00				
Т	OTAL This Period (last page carry total to Line 6)							

## Image# 10931761782 SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

ME OF FILER (In Full)						
efenders of Willdife Action Fund						
Full Name (Last, First, Middle Initial) of Payee Office Max				Date		
Mailing Address 860 E. Broadway				M M 1 0	/ D D D 2 4	2010
City Tucson	State AZ	Zip Code 85701				80.65
Purpose of Expenditure printing		Category/ Type		ce Sought:	X House Senate	State: AZ
Name of Federal Candidate Supported or Opposed RAUL M GRIJALVA	d by Expenditure:			eck One:	President  X Support	District: 07 Oppose
Calendar Year-To-Date Per Election for Office Sought		80.65	Dist	oursement Fo 2010 Other (specify)	r: Primary	_
a) SUBTOTAL of Itemized Independent Expenditu	ıres					80.65
(b) SUBTOTALof Unitemized Independent Expendent	ditures					
D) GOD TO TALL! GITTOTHE CONTROL EXPERIC	3.10100					80 SE
(c) TOTAL Independent Expenditures				L		80.65